**Minutes of the Medicine Specialty Training Board meeting held on Friday 20 April 2018 at 1.30pm, in Room 3, 2 Central Quay, Glasgow (with videoconference links)**

**Present**: David Marshal (DM) Chair, Andrew Gallagher (AG), Stephen Glen (SG), Anne Holmes (AH), Graham Leese (GL), Alastair McLellan (AML), Kim Milne (KM), Natalie Murphy (NM), Susan Nicol (SN), Alan Robertson (AR), Marion Slater (MS).

**Apologies**: Luke Boyle (LB), Donald Farquhar (DF), Mike Jones (MJ), Gillian Mawdsley (GM), Alex McCulloch (AMC), Rowan Parks (RP), Morwenna Woods (MW).

**In** **attendance**: Paola Solar (PS), Heather Stronach (HS), Ken Walker (KW) item 2 only.

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| **Item** |  | **Lead** |
|  | **Welcome and apologies**  The group were welcomed to the meeting and the apologies were noted. |  |
|  | **The development of the Improving Surgical Training simulation package**  Ken Walker (KW) had been invited to show the IST simulation development. The papers distributed show an overview of the project, cost, structure of IST, etc.  Jen Clelland has been brought into the IST project to evaluate it.  The resources are very specific to Surgery but some things may be transferable to Medicine and other specialties, for example the surgical bootcamps: [www.surgicalbootcamps.com](http://www.surgicalbootcamps.com).  Simulation will be mandatory in IST. The new Medical curriculum will not have anything explicitly mandatory. Medicine will need a consensus from all parties about what can be provided in Scotland. It was also felt that the Medicine simulation training would have to be deliverable in any local site, as opposed to one central place.  Service and their attitude towards simulation is also crucial. KW noted that they had run it by the DMEs group and did not get any objections.  CSMEN have been involved in the Faculty Development group from the start of IST. |  |
|  | **Minutes of the Medicine STB meeting held on 15 November 2017**  The minutes of the previous meeting were approved as a correct record. |  |
|  | **Matters arising** |  |
|  | **ARCP Feedback**  The group commented on the feedback received from trainees regarding the ARCPs last year.  Feedback about early submission of evidence was noted but there is not much that can be done about it, although there should not be any ARCPs earlier than May. There needs to be some common sense about the data required from trainees since they are only ¾ of the way through the year.  The comment under Dermatology about a trainee having to use study leave to attend their ARCP is very serious. Study leave is not to be used for this purpose. |  |
|  | **ARCP Educational Supervisor quality review**  The template for feedback on the ES’ report was circulated to see if it may be of value. The group agreed that any tools to improve quality are good, and the template will be used as and when required, both to commend good reports or to suggest improvements.  The group discussed who would be responsible for Educational Supervisors’ training in IMT. The process is currently being worked out by the JRCPTB subgroup. It was noted that IST are doing Trainers Bootcamp this year, so IMT can learn from them for next year. |  |
|  | **ADVANTAGE Frailty review**  This EU Survey was distributed for information and interest. A response had already been sent. |  |
|  | **CMT** |  |
|  | **Update**  SG reported:   * The last meeting had been in December, very recruitment-focused, and the next one will be in May. * Trainer and Trainees handbook will be updated this year to standardise the programme for Scotland. * QI conference on 29 May. * CMT started their simulation programme two years ago, and have a good measure of standards. They will not want to miss out on further developments. |  |
|  | **CMT Portfolio audit**  The JRCPTB had done a review of ARCP in CMT, with a very good feedback overall. The report was circulated for information. DM had replied already. |  |
|  | **Reply to Prof David Black**  The reply had gone to Prof Black who had confirmed that he was happy with it. |  |
|  | **CMT Recruitment 2018: statistics**  Recruitment had gone very well. Applications have increased and there was a 100% fill rate in Scotland. SG thanked all participants.  There had been a small procedural issue in Edinburgh. Both candidates affected had been interviewed again and had been offered posts.  There are currently 11 CMT LAT posts advertised. Interviews will take place on 29 May. GGC is doing the recruitment of these one-year posts. The majority of the posts are in Ayrshire and Arran.  Last year the Transitions Group gave tacit agreement to the conversion of some AIM posts back into higher training in different specialties, but the STB decided to leave as they were. The group felt that they may have to use them next year, as when IM3 trainees start to come out there might be a deficit in ST posts. |  |
|  | **HMT** |  |
|  | **Update**  No update. |  |
|  | **HMT Recruitment 2018**  Currently halfway through recruitment process. Offers will be out on 26 April and upgrades will be done on 04 May. Lothian is running the interviews. Round 2 will take place in July, with interviews in August. |  |
|  | **Dermatology NoS update**  MS reported that the NoS have decided to keep two numbers as advertised but trainees will go to Tayside for 12 months initially. That period may be extended if a consultant is not recruited on time. |  |
|  | **Shape of Training/IM Curriculum Implementation 2019** |  |
|  | **Updates from 4 regions**  East – Rotations are pencilled for the next three years.  Some concern regarding where to put Critical Care slot. There is some flexibility as long as the components of the curriculum are completed by the end of year 3. They may be split into two, in year 2 and year 3, or they all go into year 3.  Posts are transferred from AIM to CMT and they want to highlight them for IM3 but do not want to put under CMT as they will be needed in 2 years for IM3. It was noted that the Scottish Government HR group have indicated that there may be one-off funding available if there is need for a top up during the transition.  West – They have taken the 2 year rotations for CMT 2019 and mapped them against IM2 and IM3. It seems to work fine but if not, they can go to the specialties for 4 weeks in ICM in Year 2, Geriatric Medicine in the first two years, and 6 weeks in Critical care in Year 3.  SG will meet with TPDs and local leads to ensure that this is all in place.  London deanery are piloting the new curriculum from August, including 4 month blocks in specialties, including acute and selective take.  The Faculty of ICM confirmed that they are happy with IMT trainees not doing OOH. |  |
|  | **Scotland Overview paper / Risk Assessment**  DM will create a transition timeline reflecting the regional pressures, what will be needed each year and viable solutions. He will send to MDET for the Transitions Group. | **DM** |
|  | **CMT/HMT Structure in Scotland**  DM distributed slides to underline the differences between the current and the new structure. The new structure will need changes in committees and TPD sessions, so it will need MDET support. Any comments re the new structure please send to DM. He will revise with AML and then take to MDET.  GL noted that the IM2-GM requirements seemed unclear. For example, Respiratory Medicine is now 2 years in CMT and 5 years in the specialty. With the new curriculum, it will be 3 years in IM and 4 years in Respiratory including 12 months in Acute take. This will impact the TPD who will have a 4-year programme to administer but will have a new specialty. | **DM/AML** |
|  | **Scottish Government SoT Implementation Group**  DM has attended two meetings of the Scottish Government SoT Implementation Group. Various strands of work are under discussion. DM has submitted a paper regarding the IMT programme.  Under the new IM curriculum trainees are not required to pass MRCP to go to ST3. There are ongoing discussions about this point, although the GMC has already signed off the curriculum. It was noted that the Educational Supervisors sign off the trainees who can lead the medical take on the 3rd year and this is usually enough. David Black, DM and Alistair Milne are drafting a paper about how to solve the issue. |  |
|  | **Scottish Government SoT Launch**  The Scottish Government launched the Scottish response to Shape of Training in February. |  |
|  | **Curriculum Development Committee**  The IM curriculum has been signed off. Phase two is to re-write all HST curricula, which needs to be done by 2020. This is all under way and the lead for the IMT part of it is J. Firth. |  |
|  | **MDET** |  |
|  | **MDET / STB Chairs meeting 15.01.18**  Report received for information. |  |
|  | **MDET Medicine STB report**  Report received for information. |  |
|  | **QM** |  |
|  | **MQMG April 2018 highlights report**  Visits were listed on the paper distributed for information.  AML noted that the biggest concern was on the visits to the GIM sites that are likely to go on enhanced monitoring.  Beatson and Monklands have experienced radical improvements and are coming out of enhanced monitoring.  There is an issue in Crosshouse that ST3 trainees in dual training need to have 2 Educational Supervisors, one per specialty. It was unclear how the DME can get a feel for the balance between GIM and specialties for ST3+. It will come down to the individual TPDs for each specialty on each site. This is uncertain everywhere.  Trainees feel that there is too much AIM in their rotas. GL reported that this is the same in the East where there is a conflict with GM rather than the other specialties. They have made the number of clinics outwith their specialty explicit from the start.  DM will take views of the STB on this issue and take forward. | **DM** |
|  | **GMC visit December 2017**  The final report of the GMC visit to Scotland will be launched at the SMEC conference later in the month.  NES is already working on a joint action plan with all the Health Boards, which will be sent to the GMC. It is expected that some requirements will come to the Medicine Board. |  |
|  | **JRCPTB** |  |
|  | **Heads of School 13/12/17**  Papers noted for information. |  |
|  | **Papers from 08/02/18**  Papers noted for information. |  |
|  | **Heads of School 08/02/18**  Papers noted for information. |  |
|  | **AOCB** |  |
|  | **Workforce Planning for consultants in clinical genetics in Scotland**  The paper received is a bid to increase numbers in the specialty. DM will pass it to RP for the Transitions Group. |  |
|  | **GIM Quality criteria**  Received for information. |  |
|  | **Dates of future meetings** |  |
|  | * 1.30pm on Wednesday 20 June 2018 in Room 1, NES Offices, Ninewells, Dundee |  |
|  | * 1.30pm Wednesday 26 September 2018, Room 5, Westport, Edinburgh |  |
|  | * 23 November 2018:   11am Medicine STB meeting followed by Joint Medicine STB/National Leads meeting at 1.30pm, in 2 Central Quay, Glasgow (Room TBC) |  |